

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) RECLAIM AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00500025</div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee AOL Advertising			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014	
Mailing Address 770 Broadway 6th Fl.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5730.00</div>	
City State Zip Code New York NY 10003		Transaction ID : SE.4162 Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2014		
Purpose of Expenditure IE-Ernst-Online Ads		Category/Type 004		
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: IA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Basswood Research			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014	
Mailing Address 4550 Montgomery Ave. Ste. 906			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1200.00</div>	
City State Zip Code Bethesda MD 20814		Transaction ID : SE.4165 Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2014		
Purpose of Expenditure IE-Ernst-Research		Category/Type 004		
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: IA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">6930.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Lisa Lisker</u> [Electronically Filed] Date MM / DD / YYYY 05 / 28 / 2014				

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NAME OF COMMITTEE (In Full) RECLAIM AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ C C00500025	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FLS Connect		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014	
Mailing Address 7300 Hudson Blvd Ste. 270		Amount 3232.40	
City Saint Paul	State MN	Zip Code 55128	Transaction ID : SE.4164
Purpose of Expenditure IE-Ernst-Telemarketing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2014	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Google, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014	
Mailing Address 1600 Amphitheatre Pkwy		Amount 4270.00	
City Mountain View	State CA	Zip Code 94943	Transaction ID : SE.4163
Purpose of Expenditure IE-Ernst-Online Ads	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2014	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7502.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Lisa Lisker

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Date

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05 / 28 / 2014

Signature

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Full Name of Payee Gridiron Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014	
Mailing Address PO Box 1308		Amount 1696.32	
City Granger	State IN	Zip Code 46530	Transaction ID : SE.4166
Purpose of Expenditure IE-Ernst-Direct Mail	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2014	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: IA	
Calendar Year-To-Date Per Election for Office Sought 201998.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1696.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	16128.72

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Lisa Lisker
[Electronically Filed]

Date

MM / DD / YYYY
05 / 28 / 2014

Signature